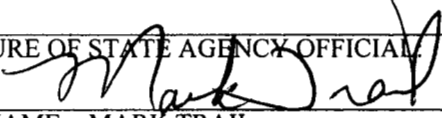
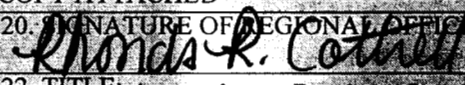


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 02-011	2. STATE GEORGIA
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE MARCH 1, 2003	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Sections 1905(a)(19) and 1915(g)(2) of the Act		7. FEDERAL BUDGET IMPACT: a. FFY 2003 \$ 1,539,772 b. FFY 2004 \$ 2,638,722	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 3.1-A, pp 1-4 (Part A) Attachment 4.19-B, p. 15		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 1 to Attachment 3.1-A, pp 1-4 (Part A)	
10. SUBJECT OF AMENDMENT: EXPANSION OF CASE MANAGEMENT SERVICES			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input checked="" type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Department of Community Health Division of Medical Assistance 2 Peachtree Street, NW Atlanta, Georgia 30303-3159	
13. TYPED NAME: MARK TRAIL			
14. TITLE: Director, Division of Medical Assistance			
15. DATE SUBMITTED: December 2, 2002			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: December 5, 2002		18. DATE APPROVED: March 3, 2003	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: March 1, 2003		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Rhonda R. Cottrell		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS: Approved with the following change to HCFA-179: Item 8 Reads Supplement 1 to Attachment 3.1-A, pp 1-4 (Part A) and Attachment 4.19-B, p. 15 Item 8 Should be Supplement 1 to Attachment 3.1-A, pp 1-5 (Part A) and Attachment 4.19-B, p. 15 Item 9 Reads Supplement 1 to Attachment 3.1-A, pp 1-4 (Part A) Item 9 Should be Supplement 1 to Attachment 3.1-A, pp 1-4 (Part A) and Attachment 4.19-B, p. 15			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Georgia

CASE MANAGEMENT SERVICES

A. Target Group: Mentally Retarded and Developmentally Disabled recipients

Services are provided to Medicaid eligible recipients who are mentally retarded or developmentally disabled and who currently receive or are on the short-term planning list to receive State of Georgia mental retardation/developmental disabilities services.

B. Areas of the State in which services will be provided:

☒ Entire State of Georgia

C. Comparability of services:

☐ Services are provided in accordance with Section 1902 (a) (10) (B) of the Act.

☒ Services are not comparable to amount, duration, and scope.

Authority of Section 1915 (g) (1) of the Act is invoked to provide services without regard to the requirements of Section 1902 (a) (10) (B) of the Act.

D. Definition of services:

Case management is a set of interrelated activities for identifying, coordinating, and reviewing the delivery of appropriate services for eligible recipients. The primary purpose of case management services is to maximize the health and safety of service recipients by maintaining a vigilant focus on the consumer to ensure that their well-being is being respected and supported in a holistic manner. This requires case management to assist the targeted population in gaining access to needed medical, nutritional, social, education, transportation, housing, and other services; and to encourage the use of various community resources through referral to appropriate traditional and non-traditional providers.

The following criteria must be met prior to admission to service:

1. Physician order as evidenced in the Individualized Service Plan, and
2. The client meets the Division of Mental Health Developmental Disabilities and Addictive Diseases for Most-In-Need status, and
3. Two or more of the following:
 - a. the consumer is currently receiving services that are financially supported by the Department of Human Resources, Division of Mental Health, Developmental Disabilities and Addictive Diseases
 - b. the consumer is in need of multiple services as documented in the intake and assessment process and needs coordination of those multiple services
 - c. the consumer has a lack or inadequacy of natural supports as documented in the intake and assessment process
 - d. the consumer is currently placed on the short-term planning list awaiting services

Prior Approval for case management service will be given by the Department of Human Resources through approval by authorized personnel in the Division of Mental Health, Developmental Disabilities, and Addictive Diseases' Regional Offices.

Case Management Services Include:

1. Maximizing the health and safety of each individual recipient of case management services.
2. Completing the required Individual Service Plan (ISP) for each individual receiving case management services as specified by the Division of MHDDAD policy for community services and complete ISP reviews based on any life changes that may need to be reflected. (This includes writing both the annual ISP and any subsequent ISP reviews and addendums.)
3. Convening and facilitating the interdisciplinary team developing the ISP and assuring the individual's participation on the development of the ISP.
4. Providing information and referrals for community services and other supports identified in the ISP.
5. Developing and linking the individual to services and supports set forth in the ISP.
6. Assisting the individual to choose a service provider agency to deliver their services and supports identified in the ISP. This includes arranging and attending meetings as necessary to coordinate with other providers and/or community organizations.
7. Monitoring the individual's on-going needs and assuring quality of the services outlined in the ISP. This includes additional behavioral supports or health care.
8. Coordinating the annual review including the renewal of the DMA-6, Level-of-Care, for all waiver recipients and the on-going evaluation of the ISP's effectiveness and amend it as necessary.
9. Coordinating the transition of specific individuals institutionalized in a nursing facility (NF) or Intermediate Care Facility for the Mentally Retarded (ICFMR) who are targeted and funded for placement in home and community based services within 180 days.

Non-covered Services

No services provided in nursing homes or prisons will be covered except specific individuals in NF or ICFMR as designated in #9 above.

No counseling services will be provided by case managers.

No services to enrolled clients in an Institution for Mental Diseases (IMD) Units will be covered.

Medicaid will not pay for Case Management services that duplicate case management services provided to eligible recipients through other Targeted Case Management Programs.

E. Qualifications of Providers:

Case Management provider must meet the conditions established by the Department of Community Health as outlined in The Policy and Procedures Manual Part I as well as the Department of Human Resources (DHR) Provider Manual for the Division of Mental Health Developmental Disabilities and Addictive Diseases.

In accordance with the provisions of Section 1915(g)(1), the Georgia Department of Human Resources will contract directly with providers of case management services for each of the state's seven (7) regions. The vendor for each region will serve as the designated "single portal" agency. The purpose is to assure that providers who meet the state's qualifications deliver case management services.

A Mental Retardation Professional (MRP) must provide case management services. A MRP has at least a Bachelor's degree in social work, psychology, or closely related field with one year of experience with persons who are mentally retarded or developmentally disabled.

F. The state assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902 (a) (23) of the Act.

1. Eligible recipients will have choice of their case manager within the applicable region's single portal agency.
2. Eligible recipients will have free choice of the providers of other medical care and services under the plan.

Revision: October 2002

Supplement 1 to Attachment 3.1-A
Page 5 (Part A)
State: Georgia

- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

TN NO. 02-011

Supersedes Approval Date 3/3/03 Effective Date 3/1/03

TN No. 95-021

POLICY AND METHODS FOR ESTABLISHING
PAYMENT RATES FOR OTHER TYPES OF CARE OR SERVICES

- X. Case Management for Mental Retardation Services under the Home and Community Based Waiver.
1. The reimbursement rate for case management is established based on historical cost data. That historical cost data represents information from an audited cost report for this same type of service. This data will be used to establish a monthly case management rate.
 - i. The monthly case management reimbursement rate is established as follows;
 1. The total allowable cost from the historical data is divided by the number of recipients served per caseload during that cost report period.
 2. The result from the above step (1) is divided by twelve (12) to develop a monthly rate to which an inflation factor was added.
 2. The Department may in subsequent years adjust the rate based on a CMS accepted inflation factor, if legislative appropriation is received.